



RICHARD O. BRAJER
Secretary

DANIEL STALEY
Director, Division of Public Health

Date

Name of Community Leader

Address

City, State, Zip Code

Dear (Community Leader):

As part of the North Carolina Oral Health Section's (N.C. OHS) continuing efforts to provide preventive services to school children, we have been conducting dental sealant projects across the state. Our staff will be conducting a sealant project in your community at (Name of School) from (Date) to (Date) from (Time) to (Time). On behalf of the N.C. OHS and (Collaborating Agency, if any), we cordially invite you and your staff to attend this sealant project.

A sealant project involves providing dental sealants for a limited number of children at high risk for tooth decay, as well as preventive educational activities for teachers and their students. Dental sealants are thin plastic coatings placed on the chewing surfaces of the back teeth to prevent tooth decay. Students are identified by a dentist prior to the project to determine if they would benefit from the placement of sealants. Students who receive dental sealants must meet financial eligibility requirements and have parent or guardian permission. For this sealant project, a public health dental team from the NC OHS and the (Collaborating Agency, if any) will set up a portable "dental office" at (Name of School) in order to provide dental sealants for children.

As a preventive measure, dental sealants are underutilized in N.C. One N.C. OHS goal is for 50% of school children to have dental sealants. According to the N.C. OHS 2012-2013 Assessment Data, only 45% of North Carolina 5th grade students had dental sealants on their teeth. In (Name of County or School), (Number) % of students had dental sealants on their teeth. The application of sealants only takes a few minutes, is painless to the child, and provides the child with protection during the most cavity prone years. When combining brushing, flossing, drinking fluoridated water and dental sealants, children have the potential to be cavity-free adults.

We encourage you to visit the sealant project and witness public health services being provided to citizens of N.C. Should you have any questions regarding this project, please feel free to contact me by phone at (Area Code & Telephone Number) or by email at (Name@dhhs.nc.gov). Directions to the (Name of School) are enclosed. I am excited about this opportunity to have you visit our upcoming sealant project.

Sincerely,

Name, RDH
N.C. Oral Health Section
Serving Region ____
Staff Mailing Address
Staff Phone Number
Staff Email Address

CC: (Your Supervisor)



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